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ABSTRACT

Music therapy is the unique use of music in the accomplishment of therapeutic aims: the restoration, maintenance, and improvement of mental and physical health. A music therapist can help clients increase understanding of themselves and their environment through systematic involvement with music. The process of music therapy gives clients a structured experience of time, ability (physical and psychological response), affective behavior, and sensory behavior. It encourages client self-expression, enhances self-esteem, and provides experience in relating to others. Music therapy can be used successfully with school populations to develop and improve self-help skills, motor skills, and social skills. The education of music therapists takes place at schools accredited by the National Association for Schools of Music. In addition to music skills, students need personal characteristics that will enable them to be successful therapists. Concurrent with coursework, a student must complete a 6-month internship under the supervision of a registered music therapist. (BH)

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An Overview of Music Therapy

by

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This presentation was made to the Washtenaw Counselors' Association on February 5, 1985 in Ann Arbor, Michigan.

Definition of Music Therapy

Music therapy is the unique use of music in the accomplishment of therapeutic aims: the restoration, maintenance, and improvement of mental and physical health. It is a systematic involvement within music, as directed by the music therapist in a therapeutic environment, to bring about desirable changes in human actions. Such changes enable the individuals undergoing therapy, whether they are children, adults, or the elderly, to experience a greater understanding of themselves and their environment, thus achieving a more appropriate adjustment to the society in which they find themselves. (National Association for Music Therapy (NAMT), 1983)

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Processes (Sears, 1968)

I. Experience within Structure

A. Music demands time-ordered behavior - this is much more than the rhythmic structure of music. Time-ordered behavior demands a moment by moment commitment to the music experience IN WHICH ONE IS INVOLVED. If the music experience is interrupted, it loses its intent and its potential.

1. Music demands reality-ordered behavior; MUSIC IS A STRUCTURED REALITY.
2. Music demands immediately and continuously objectified behavior.

B. Music permits ability-ordered behavior: the therapist manipulates the medium to meet the help seekers' individual needs - therapist takes the medium to the help-seeker's response level, rather than expecting the individual to meet the music's level

1. physical response
2. psychological response

C. Music evokes affectively-ordered behavior - it can be either sedative or stimulating.

D. Music provokes sensory-elaborated behavior, from the just perceptible responses on a neuro-muscular level to the intellectual skills of mediation and contemplation.

1. Music demands increased sensory-motor and perceptual motor integration, usage, and discrimination
2. Music may elicit extra-musical ideas and associations

II. Experience in Self-Organiztaion: does not easily take place until the person is structured

A. Music provides for self-expression

B. Music provides for enhancement of pride in self

1. provides for successful experiences
2. provides for feeling needed by others: YOUR part is important!
3. provides for enhancement of esteem by others: THANKS for being a part of our music experience!

III. Experience in Relating to Others

A. Music provides means by which self-expression is socially acceptable - practice of social skills within a musical situation

B. Music provides opportunity for individual choice within groups

C. Music provides opportunities for acceptance of responsibility to self and others

1. provides for self-directed behavior: client determined goal - self-imposed task.
2. provides for developing other-directed behavior; awareness of others involved within the same musical experience.

Successful Use of Music Therapy with School Populations
(Lathom, 1981, pp. 10-13)

Music therapy uses music to accomplish nonmusical goals, such as the development and improvement of a child's self-help skills, motor skills, and social skills. Although the child will learn some music in music therapy, this is not a substitute for music education (which is focused on the child's aesthetic growth and knowledge of the music that is common to our culture). The music therapist does not usually plan a treatment program to enhance a child's musical skills or aesthetic growth unless these are related to accomplishing nonmusical objectives.

Some common goals:

1. to encourage involvement at whatever level of skills is possible - music is ability ordered

   Helen had no physical movement except for turning her head. Using a pointer attached to a headband, she learned to push keys on a form board in order to produce a melody. Thus, she was able to create music which was uniquely her own, and she was able to involve hereself in an experience which is accessible to others who are less handicapped.

2. to establish musical experiences that elicit social interaction.

   Direct involvement in a musical experience increases the opportunity for "appropriate behavior" - the time and energy committed to the musical

experience - and decreases the opportunity for "inappropriate behavior" - kicking, screaming, physically interferring with others. Of course, it is the music therapist's responsibility to design a musical experience to which the children will commit themselves. It is then possible to praise them for their involvement in the musical experience.

3. to establish situations where individual children can perform successfully and receive individual and group praise for their success.

Again, music is ability ordered. It is also up to the music therapist to determine what a child can do which is musically successful, but at the same time challenging. If children are given special and unique musical parts, they will feel a sense of self-gratification, and because the music would not be the same without them, they will receive praise from others involved in the experience.

4. to provide sensory stimulation through musical experiences which allow the child to use visual, auditory, or tactile cues.

Often, all three areas of stimulation are included in a music experience. The child looks at the music book, chart, or conductor (therapist), holds an instrument to play, feels the instrument vibrating when it is playing, and hears the sound of the music.

Education and Training of Music Therapists (NAMT, 1983)

The education of a music therapist must take place at a school accredited by the National Association for Schools of Music. At academic sites approved by the National Association for Music Therapy, this leads to an undergraduate degree (BA, BS, BMT). The minimum academic program of approximately 128 semester credit hours, consists of a 45% minimum in Music of the total curriculum; a minimum of 15% Music Therapy courses of the total curriculum; at least 15% of the total curriculum must be in the Human/Health/Natural Sciences; and 25% of the curriculum is open to General Education and elective courses.

Music therapy is a music major, so in addition to having the personal characteristics needed for any successful therapist, the music therapy student must also possess music skills which are acceptable for admission into a music program at the collegiate level.

Concurrent with music therapy coursework, the student is required to work with three distinctly different clientele types. After completion of the course work, and the pre-clinical training experiences, the music therapy student is required to do a six-month, continuous, 1040-hour clinical training period (internship) at an NAMT approved clinical training site, under the supervision of a Registered Music Therapist. Upon completion of the internship, the student is eligible to apply for the Registered Music Therapist status.

Currently under development is a national certification examination for music therapists, which leads to the Music Therapist - Board Certified (MT-BC) status.

For further information regarding music therapy, please contact the

National Association for Music Therapy, Inc.
1133 Fifteenth Street, NW
Suite 1000
Washington, DC 20005

or the

American Association for Music Therapy
211 East 43rd Street
New York, NY 10017

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